

**DEPARTMENT OF CORRECTIONS**  
**APPLICATION FOR FOSTER CARE**

<b>NAME</b>
<b>SOCIAL SECURITY NUMBER</b>
<b>DATE OF BIRTH:</b>
<b>ADDRESS</b>
<b>E-MAIL ADDRESS:</b>
<b>PHONE</b> Home Business
<b>REGULAR FOSTER CARE (   ) THERAPEUTIC FOSTER CARE (   ) NUMBER OF YOUTH YOU WOULD CONSIDER PROVIDING CARE FOR (   ) BOYS (   ) GIRLS (   )</b>
<b>HOW LONG HAVE YOU LIVED AT THIS ADDRESS:</b>

<b>HOUSEHOLD COMPOSITION</b> (Include name, age, sex and relationship of each family member)
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<b>CURRENT OCCUPATIONS OF ADULT HOUSEHOLD MEMBERS</b>
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**WHICH SPOUSE WILL BE REMAINING AT HOME FULL TIME (OR BE THE CONTRACTED INDIVIDUAL), PRIMARILY RESPONSIBLE FOR YOUTH PLACED IN THE HOME?**

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**EDUCATION/TRAINING/RELEVANT WORK EXPERIENCE (PLEASE PROVIDE INFORMATION TO DOCUMENT YOUR QUALIFICATIONS TO BECOME FOSTER PARENTS).** If more space is needed, please use an additional sheet of paper and attach to the application.

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**ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED TO PROVIDE FOSTER CARE? IF YES, PLEASE PROVIDE THE DATES, THE AGENCY WITH WHICH YOU WERE LICENSED AND LOCATION.**

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**PLEASE DESCRIBE YOUR ABILITY TO PROVIDE TRANSPORTATION FOR YOUTH IN PLACEMENT TO AND FROM SCHOOL IF NECESSARY, THERAPY SESSIONS, MEDICAL APPOINTMENTS, ETC. ON A REGULAR BASIS.**

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**WHAT SCHOOLS WOULD YOUTH IN YOUR HOME ATTEND?**

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**PLEASE PROVIDE A DESCRIPTION OF YOUR HOME. (Include a photograph)**

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**HAVE ANY HOUSEHOLD MEMBERS EVER SUFFERED FROM SUBSTANCE ABUSE OR MENTAL ILLNESS? IF YES, PLEASE EPLAIN.**

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**WHAT RESOURCES ARE AVAILABLE IN YOUR LOCATION TO ASSIST YOU TO MEET THE NEEDS OF YOUTH PLACED IN YOUR HOME?**

[illegible]

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**PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBERS OF  
THREE PEOPLE WHO ARE KNOWLEDGEABLE ABOUT YOUR ABILITY  
TOGETHER TO WORK WITH PEOPLE, YOUR EXPERIENCES WITH YOUTH  
AND/OR YOUR CHARACTER**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**PLEASE PROVIDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL FOR US TO KNOW ABOUT YOUR FAMILY: YOUR LIKES, YOUR DISLIKES, PETS, HOBBIES, ETC.**

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**SIGNATURE**

**DATE**

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**SIGNATURE**

**DATE**

**RETURN TO:**

**DEPARTMENT OF CORRECTIONS  
ATTN: LARRY HUDLEMEYER, FOSTER CARE SPECIALIST  
1600 SEDIVY LANE  
RAPID CITY, SD 57703**

**ATTN: KIM TVEDT, FOSTER CARE SPECIALIST  
2001 9<sup>TH</sup> AVE SW, STE. 400  
WATERTOWN, SD 57201**